

Madellton Adkins

Town

County

Died at near Powellville Wicomico MARYLAND

Date 189 1902 Month 8th Day 28th Y. M. D. Native of Maryland Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 7

Husband of Sara Adkins

Father's Name Henry Adkins Mother's Name

Cause of { Primary How long sick 3 days

Death { Immediate Paralysis Accident, Suicide, Homicide

Reported by J. W. Faery

Address Pittsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella Gertrude Baker

Town

County

Died at

Salisbury Wisconsin

MARYLAND

Date 19

02 Aug 19

Age

20.4

Native of

Md.

Occupation

Dramatist

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living.

Husband

of

Wife

Father's

Name

Charles Baker

Mother's

Maiden Name

27

Brothers

Cause of

Primary

Tuberculosis

How long sick

6 mos

Death

Immediate

Drunken

~~Accident, Suicide, Homicide~~

Reported by

F. M. Plummer M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Chatham* Town *Thayland* County *Wicomico* MARYLAND

Died at *Thayland*

Date of death 190 *2* Month *8* Day *18* Age *77* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md*

Married, Single or Widowed *Married* Occupation *Farming*

Name of Wife or Husband *Christiana Chatham*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *R. J. Chatham* *179* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. A. Denson Underly*

Address *Thayland Md*

Accident or Suicide?



Stella Davis

Town

County

Pittsville

Wicomico

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug

19

Age

4

America

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Loren D. Davis 1866

Mother's

Maiden Name

Sarah Davis

Cause of

Primary

water melon seed

How long sick

3 weeks

Death

Immediate

in wind pipe

Accident, Suicide, Homicide

Reported by

A. R. Farlow

undertaker

Address

Pittsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



none

Died at ^{Town} Salisbury ^{County} Ansonico MARYLAND

Date 1902 Aug 24 Age 3 27 Native of Md Occupation none

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living ☒

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of

Wife

Father's Name Stan. W. Dykes Mother's Name 105 Brown

Cause of Death { Primary Malnutrition How long sick 3 months

Death { Immediate Pernicious Anemia Accident, Suicide, Homicide

Reported by

Geo. W. Todd

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Infant* Town *Salisbury* County *Wicomico*

Died at *Wicomico* MARYLAND

Date 1902 *Aug. 14* Month *Aug.* Day *14* Y. *Y.* M. *M.* D. *D.* Native of *Wicomico* Occupation *—*

Male *White* Married *Widow* Divorced *Widower* Number of children living *—*
 Female *Colored* Single *Widower*

Husband of *—*
 Wife *—*

Father's Name *Slamberg W. Farlow* Mother's Name *Rosa Parker*

Cause of Death { Primary *Enteric - Intestinal Infection* How long sick *1 month*
 { Immediate *Inanition* 105 Accident, Suicide, Homicide *—*

Reported by *Louis W. McCombs M.D.*

Address *Salisbury Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Not named

Died at Shapiro Point Town Mcconnico County MARYLAND
 Date 19 02 Aug 18th Month Day Y. M. D. Mcconnico Native of none Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living —

Husband of ✓
 Wife
 Father's Name Mr. C. Fletcher 105 Mother's Maiden Name Roy Smith

Cause of Death { Primary measles Immediate Enterocolitis How long sick two months
~~Accident, Suicide, Homicide~~

Reported by J. M. Smith
 Address Salisbury, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Garrison Jr

Town

County

Died at Quantico, Wisconsin

MARYLAND

1902 Aug 18 Date 189 Age 30

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Native of Quantico, Wis. Occupation Dist. Sailor

Number of children living 2

Husband of Laura Garrison

Wife of Laura Garrison

Father's Name Levin Garrison

Mother's Name Margaret Garrison

Cause of Death Primary Immediate Pulmonary Consumption

How long sick

Accident, Suicide, Homicide

Reported by Wm. H. H. Dashiell M.D.

Address Quantico, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

James Frank Graham
 Town of Pottsville County of Berks MARYLAND
 Died at
 Date 1902 8 5 Y. 33 M. 1 D. Native of Pa. Occupation insurance
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4
 Husband of Freda Graham
 Wife of Peter Graham Mother's Name Lillie Graham

Cause of Death { Primary Bullet wound neck - 2 days
 Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by A. G. Seaborn 166
 Address Marsden Springs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



~~George~~ Mary Aaron
 Town County
 Died at Salisbury Wicomico MARYLAND
 Date 1902 Aug. 24 Age 11 Native of Wicomico Occupation Infant
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Violet Aaron 105 Mother's Maiden Name Melissa Adkins

Cause of Death { Primary Bacterio-Intestinal Infection How long sick one week
 Immediate Brain complications Accident, Suicide, Homicide

Reported by Louis W. Morris M.D.

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

No name (Infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury MD		County Wicomico		MARYLAND	
Date of death 1902	Month Aug.	Day 12	Age	Years	Months	Days	
Sex Female	Color or Race white		Birth- place Salisbury				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Saul R. Harvey				Father's Birthplace			
Mother's Maiden Name Sally Hammond				Mother's Birthplace			
Name of person giving information				How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	151	How long	
Immediate	Same		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Lemuel W. Kemmis MD		
		Address Salisbury MD		
Attending Outside?				



Name In Full

Certificate of Death

Name: Mrs. Annie Humphreys
 Town: Salisbury County: Wicomico MARYLAND
 Died at: Salisbury Wicomico
 Date 1902 Aug 13 Age 53
 Sex: ~~Male~~ Female White Colored Married ~~Single~~ Widowed Widower Divorced
 Occupation: Housewife
 Number of children living: One

Husband of: Lafayette P. Humphreys
 Wife of: Lafayette P. Humphreys
 Father's Name: John T. Hooper Mother's Maiden Name: Sarah Hooper

Cause of Death: Primary Colic, Gastro-Intestinal with fever
 Immediate: Heart Failure, (Suddenly)
 How long sick: 18 days
 Accident, Suicide, Homicide:

Reported by: Dr. M. L. Lemon M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant - no name;

CERTIFICATE OF DEATH

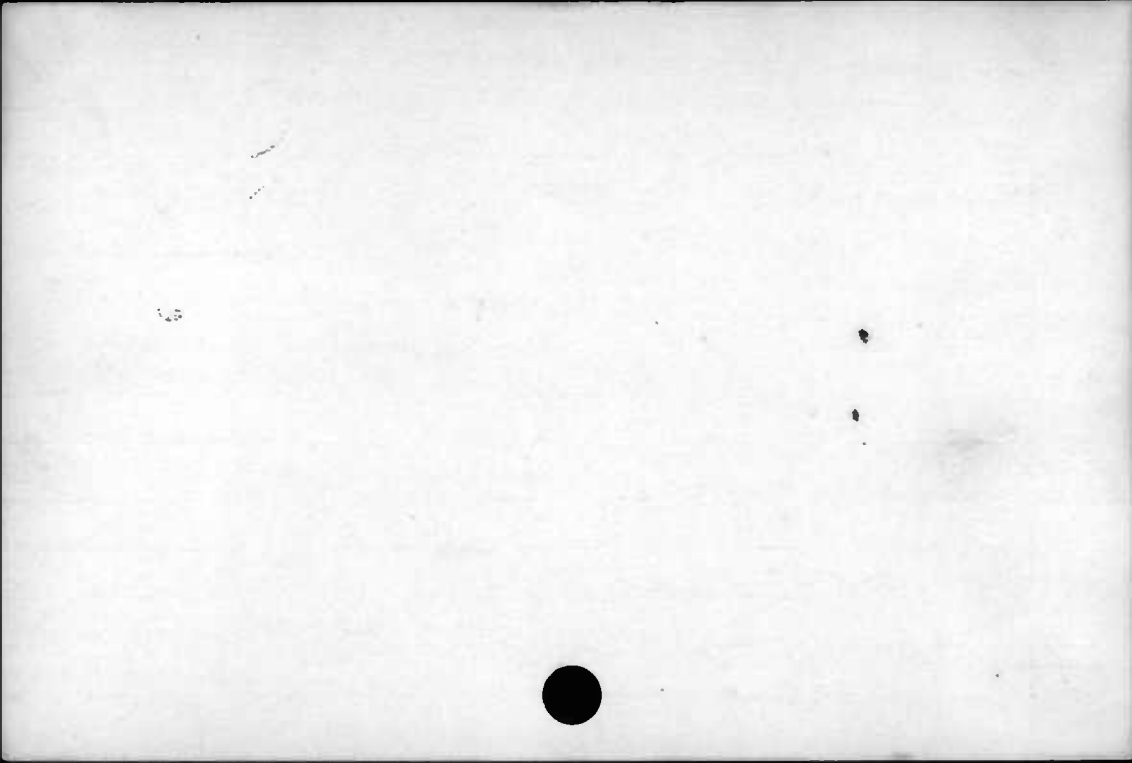
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>6</i>	Age	Years	Months <i>6</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single, or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jesse T King</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lida Collins</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Daniel Parsons</i>			How related to deceased <i>no relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Spasms</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D C Halloway & Co</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	<i>Undertakers</i>



Name in Full		Irrving M Cready				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Salisbury, Md		Wicomico					
		Date of death 190	2	Month	August	Day	27	Age	18
		Sex	Male		Color or Race	Black		Birth-place	Somerset Co
		Married, Single or Widowed	Single		Occupation	Crabber			
PHYSICIAN OR CORONER		Name of Wife or Husband							
		✓							
		Father's Name				Wesley M Cready 108		Father's Birthplace	Somerset Co
		Mother's Maiden Name				Sarah (Don't know last name)		Mother's Birthplace	Don't know
		Name of person giving information				J. M. F. Dink		How related to deceased	Not at all
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Strangulation				4 days			
		Immediate				How long			
		Peritonitis				Don't know			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address	
As near as possible				J. M. F. Dink					
Patient was murdered when fishing and died in a few hours - Accident or Suicide?				Salisbury, Md					



Name in Full

Certificate of Death

Geo S. Malone

Town

County

MARYLAND

Died at

Schistony

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

12

Age

49 1/2

Md

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Verna J. Malone

120

Wife

Father's

Name

Jon Malone

Mother's

Maiden Name

Elizabeth Bladen

Cause of

Primary

Chronic nephritis

How long sick

18 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Gardner Spring, Jr.

Address

Schistony Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ellen Mills

Town

County

Died near Quantico, Virginia

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Quantico District (work) woman

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Lucy
 Town County
 Died at *Hms House Wicomico* MARYLAND
 1902 Month Day Y. M. D.
 Date 189 Aug 12 Age 2
 Native of Wicomico County
 Occupation
 Male ☒ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
 Wife

Father's Name *Don't know* Mother's Name *Mary Moore*

Cause of Primary How long sick
 Death Immediate *Unknown (expected death)* Accident, Suicide, Homicide

Reported by *Wm. H. H. Dashiell, M.D.*

Address *Quantico Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate re-
ceived from

of

Thos. B. Moore

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 3

Age

78 9 23

Somerset

None

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Sing~~~~Widower~~

Number of children living 1

Husband

of

May. Insin

Wife

Father's

Name

Mother's

Maiden Name

let

Cause of

Primary

Arterio-Sclerosis

How long sick

2 yrs and

Death

Immediate

Cerebral hemorrhage with paralysis

Accident, Suicide, Homicide

Reported by

J. M. [Signature]

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Geo. W. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Walston Switch		Wicomico					
Date	Month	Day	Age	Years	Months	Days	
of death 1902	aug.	9th	42		1	10	
Sex	male		Color or Race	White		Birth-place	Near Salisbury
Married, Single or Widowed	Single			Occupation	Laborer		
Name of Wife or Husband	never married						
Father's Name	Joshua Parsons				Father's Birthplace	Near Salisbury	
Mother's Maiden Name	Roda Brittingham				Mother's Birthplace	Near Salisbury	
Name of person giving information	Geo. W. Truitt M.D.				How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	15 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo. W. Truitt M.D.
		Address	Parsonsbury Wicomico Co. Ind.
Autopsy made?			



Name
in
Full

Caroline Falk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 1902	Month <u>8</u>	Day <u>27</u>	Years <u>41</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Md</u>		
Married, Single or Widowed			Occupation <u>Seamstress</u>		
Name of Wife or Husband <u>Larry Falk</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Larry Falk</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Dropsy</u>	How long <u>177</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. D. Denon</u>
	Address <u>Wilmington Md</u>
Accident or Suicide?	



Rosalie Rencher

Town

County

MARYLAND

Died at Quantico Wisconsin

1902 Aug 17 Y. M. D. Native of Occupation
 Date 1902 Month Day Age 1 9 12 Quantico none
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

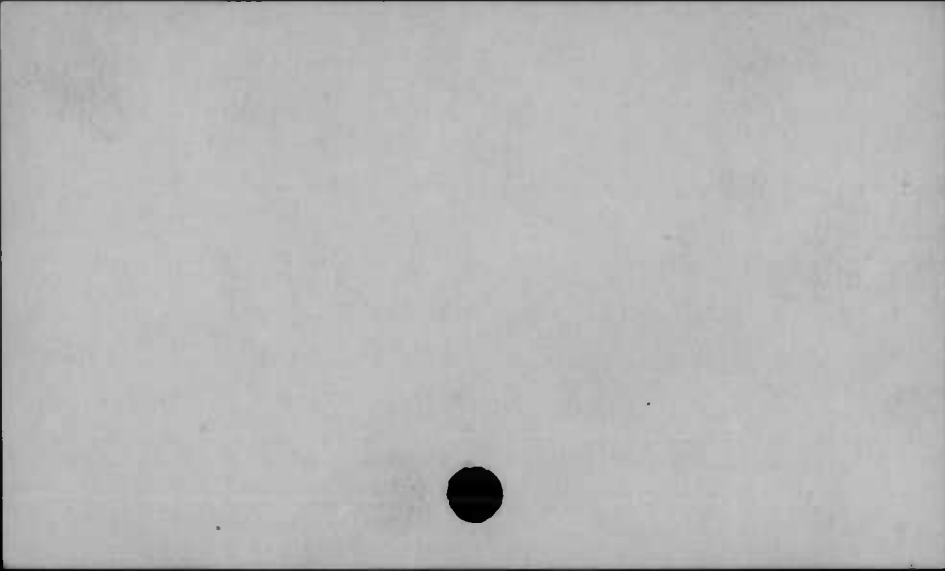
Husband of Frank Rencher
 Wife of

Father's Name Frank Rencher Mother's Name Nettie Rencher

Cause of Primary Remittent Fever How long sick 2 weeks
 Death Immediate Congestive chill Accident, Suicide, Homicide

Reported by Wm. B. H. Dashiell M.D.

Address Quantico Md



Name in Full

Certificate of Death

Charles L Remminger

Town

County

Died at

Delmar

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 22

Age 63

Puma RR Conductor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Benjamin S. Sollaway

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2

5 29

Age

34

Md

Merchant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

~~Husband~~

of

~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25965



Name in Full

Certificate of Death

Arthur J. Spence (col.)

Died at Carsonburg West Virginia MARYLAND

Date 189 02 Aug 30 Y. 0 M. 2 D. 26 Native of Maryland Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Father's Name Wheathy Cuff Mother's Name Sarah J. Spence

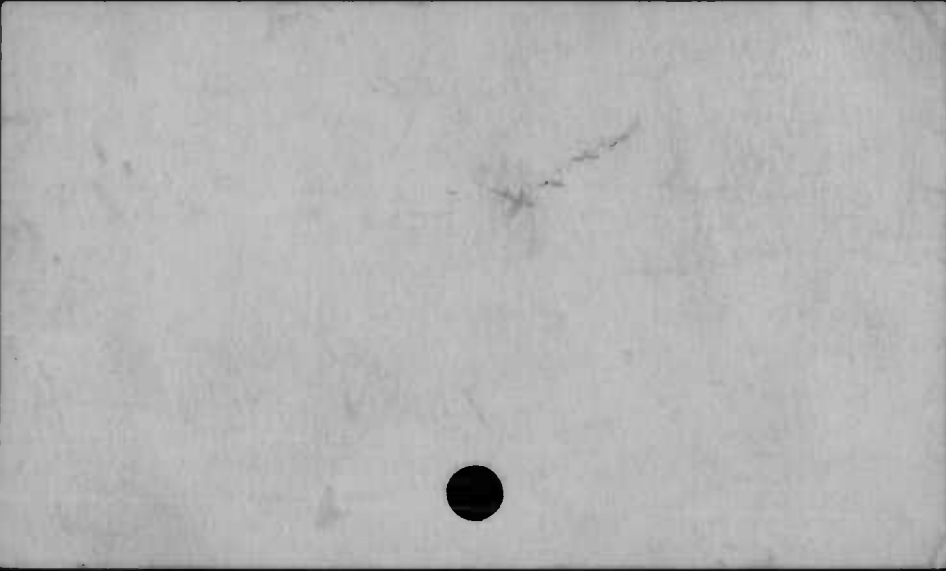
Cause of Death { Primary Dysentery How long sick 14 Weeks

Death { Immediate Exhaustion Accident Suicide Homicide

Reported by Dr. Geo. W. Trevitt

Address Carsonburg West Virginia Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charlotte Howard

CERTIFICATE OF DEATH

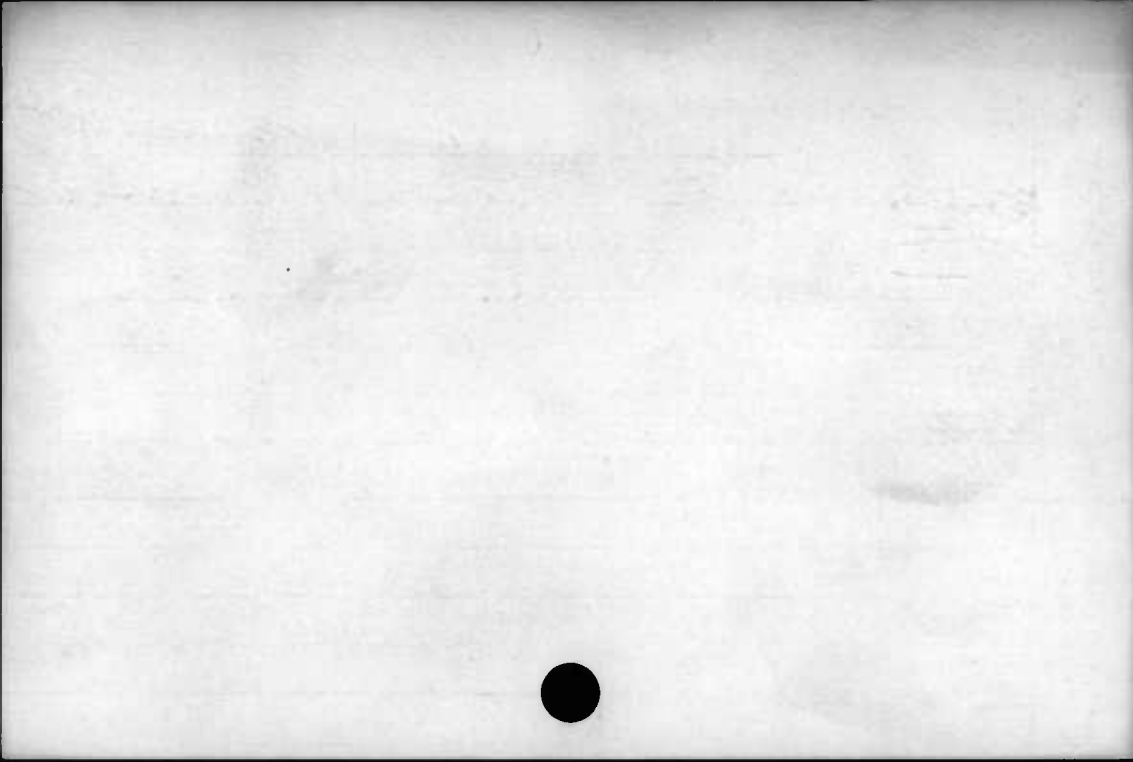
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190	2	Month	Aug	Day	21
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
<u>Female</u>		<u>Black</u>		<u>White Plains Md</u>	
Married, Single or Widowed			Occupation		
<u>Widowed</u>			<u>Housework</u>		
Name of Wife or Husband <u>Daniel Howard</u>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <u>Lillie J Brown</u>				How related to deceased <u>Grandchild</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>Few hours</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>104</u>		<u>Louis Williams M.D.</u>	
<u>So far as I know</u>		Address	
		<u>Salisbury Md.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Aug.		28	One		6		
Sex	Male		Color or Race	black		Birth-place	Maryland
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charles Thomas				Md.			
Mother's Maiden Name				Mother's Birthplace			
Charlotte				Md.			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
I don't know 179	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Geo. C. Hill
	Address
	Salisbury
Accident or Suicide?	

Dr. Gardiner Spring had prescribed
for the child, I am told, but had not
seen it and can not give
certificate

L. C. Hill

G. Lloyd Truitt

Died at

Salisbury

Town

Wicomico

County

MARYLAND

Date 19

02

Aug

Day

14

Age

26

Y.

M.

D.

Native of

Md

Occupation

Merchant

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

E. S. Truitt

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

Death

Immediate

Hemorrhage & Hiccup

How long sick

12 days

Accident, Suicide, Homicide

Reported by

Geo. H. Todd

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harrette Anne Waller

Town

County

Died at

Mardela

Wicomico

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

aug 1st

Age

49

1

Md

Seamstress

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

~~Husband~~

of

Wife

Father's

Name

Isaac Waller

Mother's

Name

Not known

Not known

Cause of

Primary

Tumor in Breast

How long sick

2 weeks

Death

Immediate

internal Hemorrhages

Accident, Suicide, Homicide

Reported by

A. L. Sealrose Undertaker

Address

Mardela Springs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name
in
Full

Eleanor Lee Wilkerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hebron		Town		Md		Wicomico		County		MARYLAND					
Date		2		Aug		24		Age		2		Months		15		Days	
Sex		Male		Color or Race		White		Birth-place		Hebron							
Married, Single or Widowed				Occupation													
Name of Wife or Husband		Alice Lee															
Father's Name		Orlander Wilkerson		Father's Birthplace		Md											
Mother's Maiden Name		Alice Lee Trutt		Mother's Birthplace		Md											
Name of person giving information		Orlander Wilkerson		How related to deceased		Father											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Marasmus		105		How long		8 weeks	
Immediate		Intestinal toxemia				How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Oliver J. Gray			
				Address		Hebron			
Accident or Suicide?						Md			



Name in Full

Certificate of Death

Geo Wimbrow

Town

County

MARYLAND

Died at

*Wango**Wicomico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

*Aug. 15*Age *83**Maryland Farming*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widowess~~

Number of children living

9

Husband of

Miss Tubbs

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dysentery

How long sick

one week

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

Dr. George W. Printe

Address

Parsonburg, Wicomico Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Queen Wood

CERTIFICATE OF DEATH

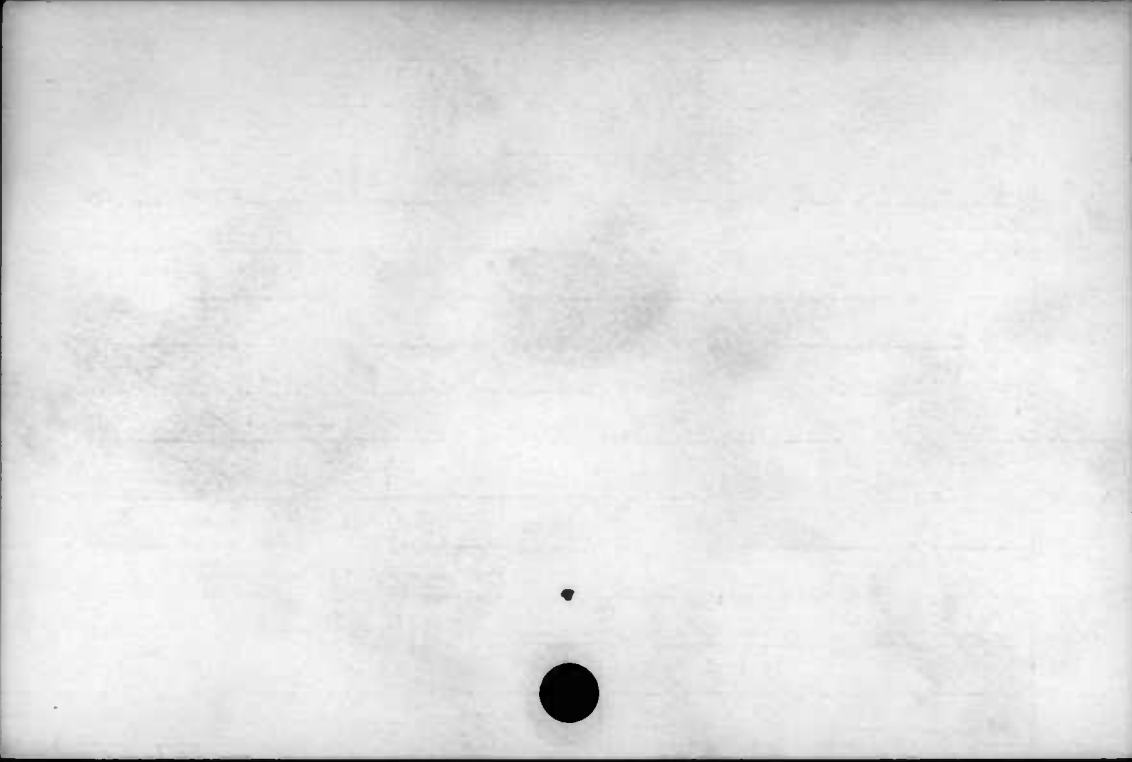
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 1902	Month <i>Aug</i>	Day <i>19</i>	Age	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Salisbury</i>		Occupation	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Mary E. Wood</i>			Mother's Birthplace <i>Salisbury</i>		
Name of person giving information <i>Berry Wood</i>			How related to deceased <i>Grand Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Trach</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>D E Hallonay & co</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	<i>Undertakers</i>



Name In Full

Certificate of Death

Infant child

Town

County

Died at

Hebron

Weonice

MARYLAND

Date 1902
 Month 8 Day 27
 Y. M. D. 7
 Native of Md
 Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's Name J. L. Wooden

Mother's Name Ellen Wooden

Cause of Death { Primary Billious Fever
 Immediate internal Hemorrhages
 How long sick
 Accident, Suicide, Homicide

Reported by A. L. Seabran

Address Martels Springs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

